

2732

343

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

County Yuma
 District Yuma
 Town Yuma
 Or City Yuma

BUREAU OF VITAL STATISTICS

State Index No. 991

ORIGINAL CERTIFICATE OF DEATH

County Registered No. 35Local Registrar's No. 31

No. Yuma Hospital St.
 (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME

Joseph Edward Aberson

PERSONAL AND STATISTICAL PARTICULARS

SEX Male Color or Race White
 SINGLE ☒ MARRIED ☐
 WIDOWED ☐ or DIVORCED ☐
 DATE OF BIRTH January 5 1872
 (Month) (Day) (Year)
 AGE 44 yrs. 2 mos. 1 days If less than 1 day.....
 hrs. or..... min.

OCCUPATION
 (a) Trade, profession or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed or (employer)

BIRTHPLACE
 (State or country) Pueblo, Colorado

NAME OF FATHER Abraham Aberson

BIRTHPLACE OF FATHER
 (State or country) Sweden

MAIDEN NAME OF MOTHER Nancy W. Anderson

BIRTHPLACE OF MOTHER
 (State or country) Missouri

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Nancy Aberson

(Address) Welltopi - Arizona

PLACE OF BURIAL OR REMOVAL Yuma Cemetery

DATE OF BURIAL OR REMOVAL 3/8 1916

UNDERTAKER W. J. Johnson

ADDRESS Yuma Ariz.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 6th 1916
 (Month) (Day) (Year)

I hereby certify, that I attended deceased from Mar. 5th 1916 to Mar. 8th 1916; that I last saw him alive on Mar. 6th 1916, and that death occurred on the date stated above at 10 p. M. The DISEASE or INJURY causing death was as follows: Appendecal Abscess - Peritonitis.

(Duration)..... yrs. mos. 10 days

Was disease contracted in Arizona? Yes.

If not, where?.....

CONTRIBUTORY (Duration)..... yrs. mos. days.....

(Signed) Henry C. John M.D.
3/8 1916 (Address) Yuma Ariz.

*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL

LENGTH OF RESIDENCE At place of death..... yrs. mos. ds. In Arizona..... yrs. mos. ds.

Former or Usual Residence.....

Filed 3/8 1916 H. W. Supperman
 Deputy Local Registrar

Filed April 7, 1916 C. E. Rowney M.D.
 County Registrar

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. FILL OUT ALL BLANKS. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.